

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-023772

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 171

Primary Registration District No. 5637

Registrar's No. 24

FILED JUL 2 1962

1. PLACE OF DEATH

a. COUNTY

Lafayette

b. CITY (If outside corporate limits, give TOWNSHIP only)

Clay Twp.

Length of stay in 1b

52 yrs

c. FULL NAME OF (If NOT in hospital, give location)

4 mi. North Odessa

Inside Limits

Yes ☐ No ☒

c. CITY

OR

TOWN

Odessa

Inside Limits

Yes ☐ No ☒

d. STREET

R#3 4 mi. N. Odessa

Reside on Farm

Yes ☒ No ☐

3. NAME OF DECEASED

First

Middle

Last

Walter

Howard

Kite

4. DATE OF DEATH

Month

Day

Year

June

28

1962

5. SEX

male

6. COLOR OR RACE

white

7. Married ☒

Never Married ☐

Widowed ☐

Divorced ☐

8. DATE OF BIRTH

2-14-1884

9. AGE (last birthday)

78

IF UNDER 1 YEAR

Months

Days

IF UNDER 24 HR

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

farming

10b. KIND OF BUSINESS OR INDUSTRY

agriculture

11. BIRTHPLACE (City and state or country)

Odessa, Lafayette, Mo. USA

12. CITIZEN OF WHAT COUNTRY

13a. FATHER'S NAME

H. D. Kite

13b. MOTHER'S MAIDEN NAME

Angie Lockhart

14. NAME OF HUSBAND OR WIFE

Jemimia Colvin Kite

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

no

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Mrs. Jemimia Kite, Odessa, Mo. R3

18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Coronary Embolus

INTERVAL BETWEEN ONSET AND DEATH

1 day

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Found dead in his chair

DUE TO (c)

in his living room by wife

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Long time heart patient

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour

a.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from

Occasionally for 10 yrs

and last saw him alive on

Serious work on

Death occurred at

11:30 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

22c. DATE SIGNED

23a. BURIAL, CREMATION, REMOVAL (Specify)

burial

23b. DATE

6-30-1962

23c. NAME OF CEMETERY OR CREMATORY

Greenton Cemetery

23d. LOCATION (City, town, or county)

Odessa, Lafayette, Mo.

(State)

24. FUNERAL DIRECTOR

ADDRESS

Ralph O. Jones, Odessa, Mo.

25. DATE RECD. BY LOCAL REG.

6-30-1962

26. REGISTRAR'S SIGNATURE

Emma Davidson

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

DATE AMENDED

VS 300  
Rev. 4/59

b540

20540

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**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Ralph O. Jones  
Licensed Embalmer No. 4604  
P. O. Address Odesa, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.